

Please Read Instructions:

TRANSCRIPT ORDER

1. NAME YIFEI ZHENG			2. PHONE NUMBER (361) 888-3111		3. DATE 5/29/2020		
4. MAILING ADDRESS 800 N. SHORELINE BLVD., SUITE 500			5. CITY CORPUS CHRISTI		6. STATE TX	7. ZIP CODE 78401	
8. CASE NUMBER 2:20MJ1164		9. JUDGE Judge David S Morales		DATES OF PROCEEDINGS 10. FROM 5/27/2020 11. TO 5/27/2020			
12. CASE NAME John Charlie Kofron			LOCATION OF PROCEEDINGS 13. CITY Corpus Christi 14. STATE Texas				
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING				Initial Appearance		5/27/20	
<input type="checkbox"/> BAIL HEARING				1:36pm to 1:49pm			
17. ORDER							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 1	15.00		54.75	
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		54.75	
18. SIGNATURE 				PROCESSED BY			
19. DATE 5/29/2020				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY Exceptional Reporting Services PO Box 18668 Corpus Christi, Texas 78401 361-949-2988				COURT ADDRESS Completed transcript to be emailed to: Yifei.Zheng@usdoj.gov Loretta.Ybarbo@usdoj.gov			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES		54.75	
TRANSCRIPT RECEIVED				LESS DEPOSIT		54.75	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		54.75	

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